



VILLAGE OF KEY BISCAYNE
BUILDING, ZONING AND PLANNING DEPARTMENT
KITEBOARDING ANNUAL REGISTRATION

Name: _____ Registration Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Cellular: () _____

E-mail: _____

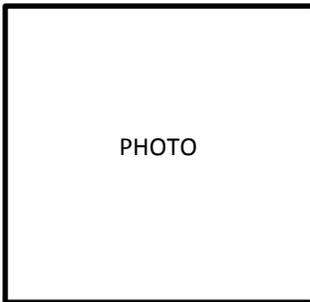
Emergency Contact:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cellular: () _____ E-mail: _____



Streamer Number: _____

Government- Issued Identification Type: _____

Identification Number: _____

FOR OFFICE USE ONLY:

Copy of Liability Insurance \$1,000,000 (or Association Member List):

Copy of UP WIND Level 3 International Kiteboarding Organization Certificate:

Signed Kiteboarding Rules and Provided Copy of Ordinances

Copy of Kiteboard Channel Map

Other: _____

Application Date: ____/____/20____ **CHECK #:** _____ **TOTAL FEE:** \$ _____

I hereby acknowledge that I have read and understood the kiteboarding rules of the Village of Key Biscayne. I further agree to abide by these rules and practice safe kiteboarding within Village beach and waters. Swimmer safety is of the utmost importance. I agree to remain vigilant and courteous of all swimmers present at all times. I understand that there are inherent risks involved in the sport of kiteboarding and hold harmless the Village of Key Biscayne.

I certify that I hold the appropriate liability insurance and will immediately advise the Village of any changes to such insurance policy.

I understand that I will not share or assign my uniquely issued streamer to anyone else.

Signature: _____

Date: ____/____/20____